DEPARTMENT OF HEALTH AND FAMILY SERVICES Division of Disability and Elder Services Printed 07/28/2006

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006 Community Based Residential Facility CLASS CNA (NONAMBULATORY) STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Facility Information

Facility Name: CREST HOUSE (0011361)

Address: 3829 S CHICAGO AVE, SOUTH MILWAUKEE, WI 53172

License Status: PROBATIONARY

Licensed/Certified/Registered 04/01/2006

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0096644 End Date: 03/28/2006 Type: INITIAL Purpose: SURVEY

Results: PROBATIONARY LICENSE ISSUED

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